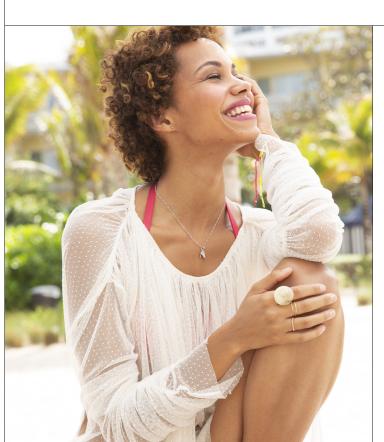


THE LOWDOWN ON SKIN CANCER

Arm yourself with the facts so you know what to be on the lookout for.

BY HALLIE LEVINE



Understanding the Different Types

Knowledge is power—read up on the three main forms of skin cancer.

Basal Cell Carcinoma

This type starts in your basal cells, which line your epidermis (the outer layer of skin). According to the Skin Cancer Foundation, more than 4 million cases of basal cell carcinoma are diagnosed each year in the United States, making it the most common form of skin cancer. Anyone with a history of sun exposure can be diagnosed, though it's most common in those with

fair skin, blond or red hair, and green, blue, or gray eyes. Generally, basal cell is the least dangerous of the skin cancers, and it rarely metastasizes.

WHAT TO LOOK FOR An open sore, an irritated red patch, a pink growth, a shiny bump, or a scar-like area. It usually develops on sun-exposed areas of your body, like your face, neck, back, or shoulders.

TREATMENT If it's on your head, neck, hands, feet, or genitalia.

Take Note

Some people think of melanoma as the only "serious form of skin cancer. Not true. More than one million cases of squamous cell carcinoma are diagnosed each year, and it is responsible for 15,000 deaths annually-more than twice as many as melanoma.

SAFE SKIN GUIDE

or if it's larger than 2 cm anywhere else on your body, the gold standard is Mohs surgery, where a derm removes the cancer cells layer by layer, checking them under a microscope until all cancerous cells are gone. "This allows the entire cancer to be removed while taking away the least amount of healthy tissue possible," explains Dendy Engelman, MD, a New York City dermatologist. As a result, scarring is minimized. If it's small and on your body, your doctor can just cut it out. Other options in early stages include destroying it through radiation, freezing it off (cryotherapy), or using one of two FDA-approved creams: imiquimod or 5-Fluorouracil (5-FU), says Debra Jaliman, MD, assistant clinical professor of dermatology at the Icahn School of Medicine at Mount Sinai in New York City. Your dermatologist can help guide you through the best treatment option.

Squamous Cell Carcinoma

This is the second most common type, with more than one million cases diagnosed each year in the United States. It starts in your squamous cells, which make up your outer layer of skin. Cumulative, long-term exposure to the sun or tanning-bed usage is what leads to most cases. This type of skin cancer doesn't usually metastasize, though the longer it is left untreated, the more that risk increases.

what to look for Scaly red patches, open sores, warts, or elevated growths that could crust or bleed. They can develop anywhere but most often show up in sun-exposed areas, like ears, lips, face, scalp, arms, and legs.

TREATMENT Assuming it hasn't metastasized, squamous cell carcinoma is treated in the same way as basal cell.

Melanoma

Melanoma develops in melanocytes-those are the cells that produce the pigment that gives your skin color. If you have a first-degree relative (like a parent or sibling) who has had melanoma, you have a 50 percent greater chance of developing it yourself. An estimated 192,310 cases of melanoma will be diagnosed in the U.S. in 2019 (up about 8 percent from 2018), according to the Skin Cancer Foundation. Here are some positive findings: The mortality rate associated with this type of skin cancer is expected to decrease by 22 percent—likely because more people are getting screened for skin cancer than ever before.

WHAT TO LOOK FOR Most often, it appears as a black or brown mole, but it can also be skin-colored, pink, red, purple, blue, or white. "We still rely on the ABCDEs of melanoma: asymmetry, irregular borders, changes in color, diameter (larger than about one-quarter of an inch), and evolving, meaning it changes over time," says Dr. Engelman. It can also develop in hard-to-see spots, like under nails, in your vagina, in your mouth, or in your eye. TREATMENT Early-stage melanoma can usually be treated with surgery—either Mohs surgery or excision, says Lisa Chipps, MD, director of dermatologic surgery at the Harbor-UCLA Medical Center. But once it's spread to the lymph nodes (Stage III) or to other parts of the body (Stage IV), you'll need additional therapies. There are new medications, such as ipilimumab (Yervoy), nivolumab (Opdivo), or pembrolizumab (Keytruda). These drugs boost your immune system to help fight the melanoma, explains Dr. Chipps.



Catch It Early

"Most cases of skin cancer are curable if they're caught early," says Dr. Chipps. Following these rules can help with detection.



DO ANNUAL SKIN CHECKS

You have to see your derm for yearly skin exams. If you have other risk factors, such as a family history, you may need to be seen more frequently.

Self-exams are also a must—the Skin Cancer Foundation suggests doing them monthly.

Also, about 5 percent of all melanomas in the United States are ocular melanomas, which means they occur in your eye—so staying up-to-date on your eye exams is also crucial.



ENLIST OTHER HELP

"I tell my patients that anyone who is looking at your bodylike a gynecologist or hairdresser-can help spot a skin cancer," says Dr. Engelman. "So ask them to be on the lookout." One Harvard study published in Archives of Dermatology, for example, found that more than half of all hairdressers surveyed had urged a client to see a medical pro to check out a mole. "Your hairdresser is a really good person to spot anything on your scalp, because they separate your hair systematically," explains Jaliman.



BE YOUR OWN ADVOCATE

If you show a spot to your dermatologist and she doesn't seem concerned, monitor it on your own and let her know if it changes. "It is also OK to get a second opinion," reassures Joshua Zeichner, MD, director of cosmetic and clinical research in dermatology at Mount Sinai Hospital in New York City. Your derm can either shave off the top layer of skin or do a punch biopsy. The tissue is then sent to a laboratory for analysis.

Some Good News

If you are diagnosed with skin cancer. don't panic. Survival rates for squamous cell, and early-stage melanoma. for example, are all around 99 percent. Even late-stage melanoma is no longer the death sentence it once was. 'Thanks to new treatments such as immunotherapy. people are living longer with this disease says Dr. Engelman.

"I Didn't Realize I Was at Risk"

Michele Modestin, 54, shares her skin cancer journey—including why she was surprised to be diagnosed and how she found it.

"Eight years ago, I noticed two strange lines on the skin close to the nail of my right ring finger. I wasn't concerned and smeared it with cocoa butter to try and heal it. Not too long after that, I was at the podiatrist to treat heel spurs and asked her to take a look. She said, 'I don't like the look of that: Go see a dermatologist.' I did—and got sobering news. The day after Thanksgiving, I got a call and was told I had Stage I melanoma. I was quickly referred to Richard Shapiro, MD, a surgical oncologist at New York University who specializes in

melanoma. He told me I had acral lentiginous melanoma, the same type Bob Marley died of. My finger needed to be amputated immediately. On Dec. 16, I underwent surgery. The cancer was rapidly growing—when I was diagnosed, it was at 8 mm, and by the time I had surgery three weeks later, it had grown to a centimeter. Thankfully, it hadn't spread to my lymph nodes, so I didn't need chemotherapy or radiation. I did have to undergo physical therapy to learn how to use my hand again. It was tough, but I consider myself lucky.

While acral lentiginous melanoma is a rare form of melanoma that isn't thought to be caused by UV damage, it's the most common form of skin cancer in African Americans. I'm from Panama, and I grew up playing outside without sunblock or sunglasses. Since I had dark skin and no one talked about sun protection, the thought of skin cancer never crossed my mind. Now, I urge women of all colors to see a dermatologist and do monthly skin checks on their own-including hard-tosee areas, like under the nails and the soles of the feet."

YOUR SPF CHEAT SHEET

Ideally, you'd avoid the sun—but if that's not an option, staying safe goes beyond grabbing last year's bottle out of your beach bag.

BY LISA DESANTIS

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CHEMICAL OR MINERAL?

Chemical sunscreens with ingredients like avobenzone and octocrylene work by absorbing UV radiation and reducing how much penetrates into your skin, explains Elizabeth Hale, MD, a dermatologist in NYC and senior vice president of the Skin Cancer Foundation. Mineral formulas contain things like titanium dioxide and zinc oxide, which stay on top of the skin and deflect the UV rays. Both are effective, and many formulas even contain a mix of the two. One thing to note: Some popular vacation destinations like Hawaii and parts of Mexicoare banning certain chemical formulas that are thought to have bleaching effects on coral reefs. If your pick doesn't have the word mineral on it, you should assume it is chemical or a mix.

BROAD SPECTRUM

The sun's UVA rays penetrate deeper than UVB and play a role in causing wrinkles. Look for a bottle that has the term "broad spectrum" printed somewhere on it—that means it blocks out both UVA and UVB rays, explains Dr. Hale.



The SPF (sun protection factor) measures how well the sunscreen blocks out UVB rays—which are primarily what cause sunburns. The number tells you how long it would take to redden your skin versus the amount of time without it. For example, with SPF 15, it will take you 15 times longer to burn than if you were wearing nothing. So what number should you aim for? You want to choose at least SPF 30, says Melanie Palm, MD, a boardcertified dermatologist in Solana Beach, California. Anything higher is a bonus.



→ mineral sunscreen lotion for body

broad spectrum

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EXPIRATION DATE

Shelf life varies from two to three years, depending on the formula you choose. Look at that date before you make your purchase, and continue to pay attention to it. The reason: Sunscreens don't always show obvious signs they are past their prime. Dr. Hale also advises keeping track of where your bottle has been, saying "exposure to UV light and heat can degrade a product a lot faster. Avoid leaving a bottle in the car or in direct sunlight or even the bathroom, which tends to get humid."

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O+A

Apply Now! Dos and Don'ts for Putting on Sunscreen

Can I put on sunscreen once I'm outside?

The rule of thumb is that you should slather it on 30 minutes before heading out. This is especially important if you are using chemical formulas because they need to be absorbed in order to be effective.

How much do I need?

Pros say that a nickel-size dollop is the right amount for your face. From the neck down, 2 mg of sunscreen per square centimeter of skin is necessary, which is the equivalent of about 2 tablespoons, says Dr. Hale. If you're using a spray, apply until an even sheen appears on the skin, then rub it in.

Do I really need SPF everywhere?

You sure do! Beyond the obvious areas such as arms, legs, and face, you need to remember spots like the top of your ears; the sides, tops, and bottoms of your feet; and around your hairline.

How often should I reapply?

You should be layering on more SPF every two hours. And if you've gone for a swim (even if your SPF is water-resistant!) or have been sweating excessively, reapply immediately after those actions. To be sure that you're covered head to toe, Dr. Hale recommends applying sunscreen before you get dressed and then reapplying to all exposed skin.

Do I really need sunscreen on days I'm not spending time outdoors?

Yup! And you need to wear it year-round, too. Whether it's hot or cold outside (or cloudy or not), UV rays are present all the time. Also keep in mind: Those harmful UVA rays can penetrate glass, so if your cubical is near a window or you drive a lot, you're still in danger. Make SPF application part of your morning routine—no matter what's on the agenda.

Our SPF Picks

These are the formulas our beauty editors and derms love the most!



1. AUSTRALIAN GOLD BOTANICAL SUNSCREEN SPF 30 MINERAL LOTION

has a hydrating formula that is also packed with antioxidants. (\$16.99; ulta.com) ANTHELIOS 50
MINERAL SUNSCREEN
GENTLE LOTION
SPF 50 WITH CELL-OX
SHIELD is a mineral

sunscreen that leaves a soft finish and is good for even the most sensitive skin types. (\$29.99; laroche-posay.us.com) 3. ELTA MD UV CLEAR BROAD-SPECTRUM SPF 46

is oil-free, making it a great choice for blemish-prone skin. Plus, its clear formula won't leave any white cast behind. (\$33; dermstore.com)



Styling by Pamela Duncan Silver for Sarah Laird & Good Company